

**EXCEPTIONAL FINANCIAL NEED (EFN) AND FINANCIAL ASSISTANCE FOR DISADVANTAGED
HEALTH PROFESSIONS STUDENTS (FADHPS) SCHOLARSHIP PROGRAMS
STUDENT AGREEMENT FOR PRIMARY HEALTH CARE SERVICE
ACADEMIC YEAR 2002-2003**

A. MY OBLIGATIONS AS A SCHOLARSHIP RECIPIENT

I understand that by accepting the EFN/FADHPS Scholarship, I am agreeing to the terms outlined below: **(1)** I will complete the program of education with respect to which such assistance is provided; **(2)** if I receive such assistance to attend a school of medicine or osteopathic medicine, I will **(a)** not later than 4 years after completing the program of education for which I received such assistance, enter and complete a 3-year residency program in allopathic or osteopathic family medicine, internal medicine, pediatrics, combined medicine/pediatrics, or preventive medicine approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), or a general practice residency program approved by the AOA. This may include participation in a rotating or primary health care internship approved by the AOA; and **(b)** practice in one of the primary health care specialties identified in paragraph (2)(a) in a State (as defined in 42 USC 295p(9)) for 5 years after completing the training identified in paragraph (2)(a). **(3)** If I receive such assistance to attend a school of dentistry, **(a)** I will practice in general dentistry in a State (as defined in 42 USC 295p(9)) for 5 years (exclusive of any period during which I am attending a residency training program in general dentistry). I will be considered to be "practicing in general dentistry" as long as I am working in the field of dentistry and have neither specialized in, nor limited my practice to, orthodontics, endodontic, oral surgery, prosthodontics, periodontics, oral pathology. **(b)** A "residency training program in general dentistry" shall include the following: **(i)** Programs of advanced education for general dentistry, general practice residency programs, and pediatric dental residency programs, provided that they are accredited by the Commission on Dental Accreditation; **(ii)** Dental public health residency programs accredited by the Commission on Dental Accreditation (which may include one academic year in a program accredited by the Council on Education for Public Health, leading to the degree of Master's in Public Health or a similar graduate degree in public health); and **(iii)** Other continuous advanced education programs in general dentistry that are sponsored by an institution of higher education and that are recognized entities within the institution's administrative structure, as approved by the Secretary on a case-by-case basis. **(4)** To receive the Scholarship, I must be a full-time (as determined by the health professions school) student at a school participating in the EFN/FADHPS Scholarship Program; **(5)** I must maintain "good standing" as defined by the school; **(6)** I must provide the school with all information regarding my financial resources and sources of income that the school requires to conduct a formal need analysis, including information on the financial resources of my parent(s) and spouse; **(7)** I am aware that the Scholarship pays the equivalent of my tuition and other reasonable educational expenses, as determined by the school, including fees, books and laboratory expenses for a full academic year, but does not provide for any costs of living; **(8)** I must keep the school informed at all times of any changes which affect my continued eligibility for the Scholarship, such as withdrawal from the health professions program; **(9)** I must attend an entrance interview with school officials before or at the time I sign this contract to discuss the terms of my Scholarship and service obligation and the penalties for not meeting my obligation; **(10)** I must provide the school with personal information that would help the school and the Federal Government locate me if I fail to keep them informed of my location. This information will include, at a minimum, my current or permanent address, my telephone number, the names, addresses, and telephone numbers of my parents or other close relatives that may be contacted. I will also provide other information as requested, including for example: State driver's license number and expiration date, names, addresses and telephone numbers of other personal references, and the State(s) in which I plan to practice primary care; **(11)** I must keep the school informed at all times, of any changes in my name, address, and telephone number until I complete my service obligation as a primary care practitioner; **(12)** Prior to graduating or leaving school for any reason, I must attend an exit interview with school officials to review information regarding eligible practice activities, to update personal information (as described in Item 10 above) and to review the terms of my service obligation and the penalties for not meeting the obligation. Should the school not inform me of a date and time for this interview, I must request an interview from the appropriate school officials.

B. PENALTIES IF I FAIL TO COMPLY WITH AGREEMENT

I understand that I am liable to the Federal Government (DHHS) for the entire amount of any scholarship funds I have received and for interest on such amount at the maximum legal prevailing rate, if I **(1)** fail to maintain an acceptable level of academic standing in the program of education (as indicated by such program in accordance with requirements established by the Secretary); **(2)** am dismissed from the program for disciplinary reasons; **(3)** voluntarily terminate the program; or **(4)** fail to begin or complete the service obligation required by this contract in accordance with the terms of the contract. In the event of my failure to comply with the terms of the contract for any of the above reasons, the Scholarship funds become a debt owed to the Federal Government and I must repay all Scholarship funds that I received under this contract, plus interest, at the maximum prevailing rate, as determined by the Treasury Department. The maximum prevailing rate was 12 5/8 % for the quarter ending 12-31-2001, and is published quarterly in the Federal Register by the Secretary. Interest will begin to accrue as of the date of the breach of contract. I will be required to repay this amount in full within 3 years of the date that the Secretary determines that I failed to comply with the terms of this contract and will be required to make payments during the three years, in accordance with a repayment schedule which the Secretary will provide to me. If I fail to make payments when they are due in accordance with the repayment schedule, I understand that the Federal Government will actively pursue me to collect the debt. This may include the use of collection agents, reporting the debt to the credit bureaus, and other collection procedures (such as addition of late charges under the Department's Claims Collection Regulations).

C. CANCELLATION, SUSPENSION, AND WAIVER OF OBLIGATION

I understand that my service or payment obligation may be canceled, suspended, or waived under certain circumstances described below: **(1)** Should I die or become permanently and totally disabled, the Secretary will cancel my obligation under this contract. To receive cancellation in the event of my death, the executor of my estate must submit an official death certificate to the Secretary. To receive cancellation for permanent and total disability, I or my representative must apply to the Secretary, submitting medical evidence of my condition, and the Secretary may cancel this obligation in accordance with applicable Federal statutes and regulations; **(2)** Upon receipt of supporting documentation the Secretary may waive or suspend my service or payment obligation under this contract if the Secretary determines that: **(a)** my meeting the terms and conditions of the contract is impossible or would involve extreme hardship; and, **(b)** enforcement of the obligations would be unconscionable. Supporting documentation should be submitted to: Division of Student Assistance, Office for Campus Based Programs, Room 8-34, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

D. SCHOLARSHIP RENEWAL AND EXTENSION OF CONTRACT

This contract provides funding for one year only. Renewal of the contract is at the discretion of the school and is subject to the availability of funds.

EFN/FADHPS CONTRACT 2002-2003

(Please circle - EFN or FADHPS)

Tuition	\$ _____
Other Educational Costs	\$ _____
Total Funds Provided	\$ _____

Name of Recipient _____ Mr ____ Ms

Permanent Street Address _____

City, State, Zip Code _____

Social Security Number (Voluntary) _____

Anticipated Graduation Date _____

Discipline: Medicine ____ Osteopathic Medicine ____ Dentistry ____

Scholarship Recipient: By my signature below, I certify that I have read and understand my rights and obligations under this contract.

Signature of Scholarship Recipient Date

Grantee Institution: I understand that this award is made upon the terms, condition and obligations specified in this contract.

Grantee Institution (NAME)

Signature of Authorizing Official Date

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION OR COMMITS ANY OTHER ILLEGAL ACTION IN CONNECTION WITH THE EFN/FADHPS SCHOLARSHIP PROGRAMS IS SUBJECT TO A FINE OR IMPRISONMENT UNDER FEDERAL STATUTE.